Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a many of this ratum to extent exact moneting may have to use a many of this ratum to extent exact moneting may be a second of this ratum to extent exact moneting may be a second of this ratum to extent exact moneting may be a second of this ratum to extent exact moneting may be a second of this ratum to extent exact may be a second of this ratum to extent exact may be a second of this ratum to extent exact may be a second of this ratum to extent exact may be a second of this ratum to extent exact may be a second of this ratum to extent exact may be a second of this ratum to exact may be a second of this ratum to exact may be a second of this ratum to exact may be a second of this ratum to exact may be a second of this ratum to exact may be a second of this ratum.

OMB No 1545-0047 2008 Open to Public

	lendar year, or tax year beginning $7/01/08$, and ending $6/30/09$		
	lendar year, or tax year beginning 7/01/08 and ending 6/30/09 Please C Name of organization ASPERGER'S ASSOCIATION OF NET	W D Em	oloyer identification num
B Check if applicable: Address change	use ins ENGLAND, INC.		noyei identification num
]	abel or	na	-3376227
Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address) Ro		phone number
Initial return			7-393-382 4
Termination	Specific		4 4-4
Amended return	Instruc- tions. WATERTOWN MA 02472-4409	G Gross n	ECEPES 1,230,3
₹	F Name and address of principal officer.	H(a) le fi	nis a group return for
Application pending	DANIA JEKEL	1	istes? Yes X
	85 MAIN STREET	H(b) Are	all affiliates
	WATERTOWN MA 02472-4409		uded?
I Tax-exempt sta		" "	401 STEERS IS BUT (SEC MISD GOOD IS
	WW.AANE.ORG	H(c) Gr	up exemption number
K Type of organization		of formation: 1997	M State of legal domicite: 1
Commence of the Commence of th	Immary	O TOTAL CALL OF THE PARTY OF TH	101 COME OF EGIL CONTROLL
	escribe the organization's mission or most significant activities:		<u></u>
	MISSION OF THE ASPERGER'S OF NE (AANE) IS TO FOSTE	R AWARENESS	RESPECT.
E ACC	PTANCE, AND SUPPORT FOR INDIVIDUALS WITH AS AND RE		
E	R FAMILIES.	THE COMPT	LONG PAD
21	is box I if the organization discontinued its operations or disposed of more than	259/ of its appoin	
2 Check		25% of its assets.	20
1	of voting members of the governing body (Part VI, line 1a)	4	20
E Table	of independent voting members of the governing body (Part VI, line 1b)	5	16
≥ 10tain	mber of employees (Part V, line 2a)		50
8 6 lotain	mber of volunteers (estimate if necessary)	6	
	oss unrelated business revenue from Part VIII, vine 12, column (C)	7a	
b Net un	elated business taxable income from Form 990-7, line 34		Current Year
R Contrib	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	319,94	
a Pmara	service revenue (Part VIII, line 2g)	235,03	
9 Progra	ent income (Part VIII, column (A), lines 3, and 70 GDE (Venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and 11e)	6,33	
2 11 Other	venue (Part VIII, column (A), lines 5, 6d, 8c (9c, 10) and (1e)	397,524	
12 Total n	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	958,83	
	and similar amounts paid (Part IX, column (A), lines 1-3)		=1===1==
	paid to or for members (Part IX, column (A), line 4)		
4- 0-1	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	399,84	533,5
16a Profes	onal fundraising fees (Part IX, column (A), line 11e)		
⋒ I	ndraising expenses (Part IX, column (D), line 25)▶ 192,997		
X Other	openses (Part IX, column (A), lines 11a-11d, 11f-24f)	697,91	702,3
	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,097,752	
	e less expenses. Subtract line 18 from line 12	-138,91	
	s less expenses, Subtract line to north line 12	Beginning of Year	End of Year
	sets (Part X, line 16)	276,26	301,5
문학 20 Total a			
20 Total a	bilities (Part X, line 26)	18.489	
Total li	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20	<u> 18,489</u> 257,77	
型 22 Net as	ets or fund balances. Subtract line 21 from line 20	18,489 257,77	
型 22 Net as	ets or fund balances. Subtract line 21 from line 20	257,77	237,1
型 22 Net as	ets or fund balances. Subtract line 21 from line 20	257,77	237,1
22 Net as	ets or fund balances. Subtract line 21 from line 20	257,77	237,1
22 Net as	ignature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedule.	257,77° s and statements, and tomation of which prep	7 237,1' on the best of my knowledge are has any knowledge 9 8 20/0
22 Net as	ignature Block der penalties of perjury, I declare that I have examined this return, including accompanying schedule.	257,77° s and statements, and tomation of which prep	7 237,1' on the best of my knowledge are has any knowledge 9 8 20/0
22 Net as	ignature Block Index penalties of perjuny, I declare that I have examined this return, including accompanying schedule of the strue, correct and amplete. Declaration of preparer (other than officer) is based on all info	257,77°	7 237,1' on the best of my knowledge arer has any knowledge 9 8 20/0
型型 22 Net as PRATE Sign	ignature Block Ider penalties of perjury, I declare that I have examined this return, including accompanying schedule of penalties of perjury, I declare that I have examined this return, including accompanying schedule of the penalties of perjury, I declare that I have examined this return, including accompanying schedule of the penalties of perjury, I declare that I have examined this return, including accompanying schedule. Signature of officer DANIA JEKEL Type or print name and title	s and statements, and to formation of which prepared to the control of the contro	7 237,1" To the best of my knowledge are has any knowledge 9 8 20/0 ste 9 RECTOR
型型 22 Net as	ignature Block Ider penalties of perjuny, I declare that I have examined this return, including accompanying schedule in the penalties of perjuny is true, correct and projecte. Declaration of preparer (other than officer) is based on all missinguity. Signature of officer DANIA JEKEL Type or print name and title Example 1. Type or print name and title	s and statements, and to formation of which prepared to the control of the contro	o the best of my knowledge arer has any knowledge
空間 22 Net as 記記 Net as 記記 Net as	ignature Block Ider penalties of perjuny, I declare that I have examined this return, including accompanying schedule of the structure of officer and projects. Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of officer DANIA JEKEL Type or print name and title	s and statements, and to formation of which prepared to the control of the contro	7 237,1' of the best of my knowledge are has any knowledge 9 8 2000 ste 9 RECTOR
Sign Here Paid Preparer's	ignature Block Ider penalties of perjuny, I declare that I have examined this return, including accompanying schedule in the penalties of perjuny is true, correct and projecte. Declaration of preparer (other than officer) is based on all missinguity. Signature of officer DANIA JEKEL Type or print name and title Example 1. Type or print name and title	s and statements, and to formation of which prepared to the control of the contro	7 237,1' of the best of my knowledge are has any knowledge 9 8 2000 ste 9 RECTOR
Sign Here Paid Preparer's Use Only	ets or fund balances. Subtract line 21 from line 20 ignature Block inder penalties of perjury, I declare that I have examined this return, including accompanying schedule of the line of the penalties of perjury. I declare that I have examined this return, including accompanying schedule of the line of t	s and statements, and to formation of which prepared to the control of the contro	7 237,1' to the best of my knowledge are has any knowledge 9 8 2000 ste Preparer's identifying nur (see instructions)
Sign Here Paid Preparer's Use Only	ets or fund balances. Subtract line 21 from line 20 ignature Block inder penalties of perjury, I declare that I have examined this return, including accompanying schedule of the line o	s and statements, and to formation of which prepared to the control of the contro	7 237,1' to the best of my knowledge arer has any knowledge G 8 20/0 the Preparer's identifying nur (see instructions)

Form 990 (2008) ASPERGER'S ASSOCIATION OF NEW 04-3376227	Page 2
Part III Statement of Program Service Accomplishments (see instructions) 1 Briefly describe the organization's mission THE MISSION OF THE ASPERGER'S OF NE (AANE) IS TO FOSTER AWAREN ACCEPTANCE, AND SUPPORT FOR INDIVIDUALS WITH AS AND RELATED CO	
 THEIR FAMILIES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 	Yes X No
4a (Code) (Expenses \$ 235,502 including grants of \$) (Revenue \$ A KEY COMPONENT TO AANE'S SERVICES IS AN INFORMATION PHONE LINE. INCOMING CALLS ARE TYPICALLY FROM ADULTS WITH ASPERGER'S SYNDROME (AS), PARENTS/FAMILY MEMBERS OF CHILDREN, TEENS OR ADULTS WITH AS, AND THE EDUCATORS AND OTHER PROFESSIONALS WHO WORK WITH THIS POPULATION. THE CALLS ARE ROUTED TO APPROPRIATE STAFF PROFESSIONALS, BASED PRIMARILY ON THE AGE OF THE AS CLIENT SEEKING HELP (CHILD, TEEN, OR ADULT). SUPPORT PROVIDED MAY INCLUDE RESOURCES FOR PROFESSIONAL EVALUATIONS, IEP INQUIRIES, AND ANSWERING OTHER QUESTIONS REGARDING THE CHALLENGES OF ASPERGER SYNDROME.	194,033)
4b (Code) (Expenses \$ 130,972 including grants of \$) (Revenue \$ PROVIDING INFORMATION AND GUIDANCE TO PARENTS, ADULTS WITH AS, EDUCATORS AND OTHER PROFESSIONALS IS A CORE SERVICE OF AANE. THIS IS ACCOMPLISHED THROUGH A FULL CALENDAR OF WORKSHOPS, SPEAKING ENGAGEMENTS AND CONFERENCES. AANE STAFF AND OUTSIDE PROFESSIONALS SHARE A WEALTH OF KNOWLEDGE AND STRATEGIES FOR CLIENTS WITH AS AND THEIR FAMILY AND COMMUNITY MEMBERS.	31,925)
4c (Code) (Expenses \$ 267,754 including grants of \$) (Revenue \$ LARGE CONFERENCES ARE HELD EACH YEAR TO BRING THE AS COMMUNITY TOGETHER AND SHARE CURRENT RESEARCH FINDINGS, PROVIDE SUPPORT AND ADVOCACY, AND PROVIDE A NETWORKING OPPORTUNITY. IN ADDITION, AANE COORDINATES A NUMBER OF SOCIAL GROUPS AND ON-LINE SUPPORT GROUPS TO BRING THE COMMUNITY TOGETHER AND PROVIDE SOCIAL SUPPORT.	238,922)

4d Other program services (Describe in Schedule O)								
(Expenses \$ 16	52,333 including grants of\$) (Revenue \$	95,185)					
As Total program service eve	nenses \$ 796 561	(Must equal Part IV Line 25, column (P))						

	·		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	—		
-	Schedule C, Part II	4	x	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		7.7
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17 40	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18 40	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Fes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	122		
	Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	₂ 990	(2008)

		_	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		,	1
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			-
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			3
	Part IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		<u> </u>
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	L	X
		_	000	

Form **990** (2008)

			<u>-</u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					100	
	U S Information Returns Enter -0- if not applicable	1a	24				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	~~·			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		rtable				
•	gaming (gambling) winnings to prize winners?				1c	$\bar{\mathbf{x}}$	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ſ					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	16				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (s						!
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cov	ered l	bv		ļ	, .	Ţ
	this return?		•		3a		X
b	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	her au	thority				
	over, a financial account in a foreign country (such as a bank account, securities account, or othe					ŀ	
	account)?				4a		X
b	If "Yes," enter the name of the foreign country ▶						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fore	ıgn Ba	ınk		•	,	' 1
	and Financial Accounts	-]	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea	r۶			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train		on?		5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt El						
	Regarding Prohibited Tax Shelter Transaction?	-			5c	<u> </u>	
6a	Did the organization solicit any contributions that were not tax deductible?				6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions	s or				
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).					,	7
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of m	ore th	an				
	\$75?				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was					
	required to file Form 8282?				7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d				'	1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on	a per	sonal		_		;
	benefit contract?				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	ontrac	t?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as require	ed?			7 <u>g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	98-C a	ıs			1	
	required?				7h	L	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and	secti	on		1		
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a	spons	oring				. ~
	organization, have excess business holdings at any time during the year?				8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						<i>,</i>
а	Did the organization make any taxable distributions under section 4966?				9a	L	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter		Ì				'
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			_	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					`
11	Section 501(c)(12) organizations. Enter		1		ŀ		ı
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)	11b					۱.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		041?		12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>	1	<u> </u>
					For	n 99 0	(2008)

Page 6
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				-			
							Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, des	cribe 1	the	!		,	۱ .,	- 54
	circumstances, processes, or changes in Schedule O. See instructions						İ	7
1a	Enter the number of voting members of the governing body	1a		20				
b	Enter the number of voting members that are independent	1b		20				- 3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship v	wit	h				
	any other officer, director, trustee, or key employee?				<u> 2</u>		X	<u></u>
3	Did the organization delegate control over management duties customarily performed by or unde	r the d	dıre	ct	ľ		ı I	
	supervision of officers, directors or trustees, or key employees to a management company or oth	er per	rsor	17	<u> </u>			X
4	Did the organization make any significant changes to its organizational documents since the prior	r Form	n 99	00 was filed?				X
5	Did the organization become aware during the year of a material diversion of the organization's a	ssets	?				X	
6	Does the organization have members or stockholders?				<u> 6</u>			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more	e mem	nbe	rs				
	of the governing body?					a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	persor	ns?	•		b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	en du	ınnç	3	1	•	~,~	
	the year by the following				~	A.		
а	The governing body?				<u> </u>	a	X	
b	Each committee with authority to act on behalf of the governing body?				<u> 8</u>	b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?				<u></u>	а	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of su	ch cha	apt	ers,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?				_ 9	b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? A	ll orga	ınız	ations				
	must describe in Schedule O the process, if any, the organization uses to review the Form 990				<u>_1</u>	0	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot	be rea	ach	ed at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				1	1		X
Sec	tion B. Policies							,
					_		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13				1	2a	X	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that	could	gı	/e				
	rise to conflicts?				<u> </u>	2b	X	<u> </u>
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy	If "Ye	es,'					
	describe in Schedule O how this is done				_	2c	X	<u> </u>
13	Does the organization have a written whistleblower policy?					3	X	
14	Does the organization have a written document retention and destruction policy?				<u> </u>	4	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and app		•				1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and	de	cision				
	The organization's CEO, Executive Director, or top management official?				1	5a	X	L
b	Other officers or key employees of the organization?				1	5b		X
	Describe the process in Schedule O (see instructions)						,	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrai	ngeme	ent		-			
	with a taxable entity during the year?				1	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to							' !
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to	o safe	gua	ırd		٠ .	-	}
	the organization's exempt status with respect to such arrangements?				1	6b		
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be file MA							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 99	0-T (5	501	(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing document	ts, cor	nflı	ct of interest				
	policy, and financial statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the book		rec	cords of the				
	organization ▶ DANIA JEKEL 85 MAIN STR		_				_	
W	atertown M	$\mathbf{IA} 0$	24	172-440	9 617-3	39	3-3	3824

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if the	organization did not com	pens	ate a	any o	offic	er, d	irect	or, trustee, or key employ	ee.	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer	Rey employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ELSA ABELE						 				
DIRECTOR	11	X				_		25,482	0	0
NANCY SCHWA	RTZ	1	ŀ							
DIRECTOR	1	X						1,100	0	0
BONITA BETT	ERSREED									
DIRECTOR	1	X	L.	<u> </u>				0	0	0
STEVEN GARF	INKLE	1								
DIRECTOR	1	X						0	0	0
JUDY GOOEN					ļ				-	
DIRECTOR	1	X	İ					0	0	0
ANNMARIE GR	þss									
DIRECTOR	1	X	L_	l				0	0	0
DAVE HARMON										
DIRECTOR	1	X	<u> </u>		•			0	0	0
DOROTHY LUC	CI					Г				
DIRECTOR	1	X	1					0	0	0
SCOTT MCLEO	Þ		Ī							
DIRECTOR	11	X						0	0	0
DAVID PAULS										- · · -
DIRECTOR	1	X	<u> </u>					0	0	0
GRACE PENG		1								
DIRECTOR	1	X		<u>L</u> _	l				0	0
BARBARA ROS	ENN									
DIRECTOR	1	X						U	0	0
DANIEL ROSE	NN									
DIRECTOR	11	X		<u></u>				0	0	0
STEPHEN SHO	RE							_		
EMERITUS	1	X					Ĺ	0	0	<u>6</u> 0
SHELLEY VIL	ES		ľ							
DIRECTOR	1	X	<u> </u>			<u> </u>		0	0	0
MICHAEL WIL	COX								 	
DIRECTOR	11	X	L		<u></u>	<u> </u>	<u> </u>	0	0	0
- -										
<u> </u>			<u>L</u> .	<u> </u>		L	<u> </u>		0	

Part VII Section	A. Officers, Directors, Tr	uste	es, l	Key	Emį	oloye	es,	and Highest Compensa	ted Employees (continue	ed)
(A) Name and title	(B) Average	Pos	nton (C) :k all	that a	pply	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ELIZABETH M		X							0	
SECRETARY HANK MILLER	2	V	-	X	├	 -		0	0	0
PRESIDENT	2	V		X				0	0	0
JAN SAGLIO TREASURER	2	X		x				o	o	o
PHIL SCHWAR	Z	V				<u> </u>				`
VICE PRES	2	^		X				0	0	0
1b Total							>	26,582	0	0
2 Total number of incorganization ▶ 0	dividuals (including those	ın 1	a) wl	ho re	eœıv	ed n	nore	e than \$100,000 in reporta	ble compensation from the	Yes No
employee on line 1 4 For any individual the organization ar individual 5 Did any person list	la? If "Yes," complete Sch listed on line 1a, is the su nd related organizations g red on line 1a receive or a to the organization? If "Ye	nedu m of reat	le J repo er th	for s ortat an \$ ompe	uch ole c 150 ensa	indivomp ,000 tion f	ridua ensa ? If '	ation and other compensa "Yes," complete Schedule n any unrelated organizati	ation from J for such	1 tes No. 3 X X 4 X 5 X
	e for your five highest con	nper	sate	ed in	depe	ende	nt c	ontractors that received m	nore than \$100,000 of	
	(A) Name and business address							Descri	(B) ption of services	(C) Compensation
										4
					-					6
						.	-			
	dependent contractors (in n the organization ▶	clud	ıng t	hose	e in	1) wł	10 re	eceived more than \$100,0	000 in	- = 0
DAA										Form 990 (2008)

Pa	rt V	III Statement of Re	venu	<u>e</u>					
,	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
報	12	Federated campaigns	1a				TOVORIGO		312, 313, 31314
ᇐ	ia h	· -	1b						,
ρĔ	D	Membership dues		· · · · · · ·					1
표기	C	Fundraising events	1c						,
2.E	đ	Related organizations	1d						
Sign	е	Government grants (contributions)	1e				1		1
ig Ei	f	All other contributions, gifts, grants,		_					1
물리		and similar amounts not included above			12,723				
P	g	Noncash contributions included in line	s 1a-1f \$						
2	<u>h</u>	Total. Add lines 1a-1f				412,723			, , , , , , , , , , , , , , , , , , , ,
Program Service Revenue Contributions, gifts, grants					Busn. Code		·		-
ě	2a	CONFERENCE FEES				147,726			<u></u>
e	b	MEMBERSHIP DUES				81,531	81,531		
울	С	CONSULTATION SERV	TCES			27,370	27,370		
Sel	d								
ᇣ	е								
ğ	f	All other program service re	evenue						
됩	q	Total. Add lines 2a-2f			•	256,627			
		Investment income (includi	na divid	lends, inte	erest, and				
		other similar amounts)	•		▶	670			670
	4	Income from investment of	tax-exe	empt bond	proceed			-	
	5	Royalties		•	· •				
		(ı) Rea	J	(11)	Personal				
	6a	Gross Rents				, i			*
	b	Less rental exps				-			5
		Rental inc or (loss)							
	!	Net rental income or (loss)		*	•				
		Gross amount from (i) Securi	ties	(11) Other				1
		sales of assets other than inventory				ę.	י כ כ	7	^
	ь	Less cost or other		T					,
		basis & sales exps					•		
	С	Gain or (loss)				^	· .		,
		Net gain or (loss)			•				
		Gross income from fundraising	events						, ,
ne		(not including \$				•		•	,
evenue		of contributions reported on line	1c)	1					j .
æ		See Part IV, line 18	, a	, l					د
er	ь	Less direct expenses	ь						
Other Re		Net income or (loss) from f	undrais	ing events	s •				
		Gross income from gaming acti			·				-
		See Part IV, line 19	a					•	
	ь	Less direct expenses	b						
		Net income or (loss) from g	aming	activities	•				
	10a	Gross sales of inventory, le	ess						
		returns and allowances	a	1					
	ь	Less cost of goods sold	t	•					
	С	Net income or (loss) from s	ales of	inventory	•				
		Miscellaneous Revei			Busn. Code				
	11a	SPECIAL EVENTS				503,985	503,985		
	ь	OTHER REVENUE				84,537	84,537		
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d			•	588,522			
	12	Total Revenue. Add lines	1h, 2g,	3, 4, 5, 60	i, 7d, 8c,		· · · · · · · · · · · · · · · · · · ·		
		9c, 10c, and 11e			<u> </u>	1,258,542	845,149	0	670

Part IX , Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_	All other organizations must co		(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		***************************************		
•	organizations in the U.S. See Part IV, line 21		į		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		į		,
3	·				3
	organizations, and individuals outside the		į		!
	U.S. See Part IV, lines 15 and 16			,	,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	73,658	73,658		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	•			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	365,505	274,129	43,860	47,516
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	60,755	27,152	16,129	17,474 4,367
10	Payroll taxes	33,596	25,197	4,032	4,367
11	Fees for services (non-employees)				
а	Management				
b	Legal	<u>.</u>			
С	Accounting	30,187		30,187	
d	Lobbying				
е	Professional fundraising services See Part IV, line	7			
f	Investment management fees				
g		30,165		30,165	
12	Advertising and promotion				
13	Office expenses	102,445	94,895	4,892	2,658
14	Information technology				
15	Royalties				
16	Occupancy	83,047	62,285	9,966	10,796
17	Travel				
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials	100 000	100 000		
19	Conferences, conventions, and meetings	129,009	129,009		
20	Interest				
21	· ·	7 210	F 404	077	051
22	Depreciation, depletion, and amortization	7,312 2,715	5,484	877	951
23	Insurance	2,115		2,715	
	Other eveness Harrison and				i
24	,			e	
	covered above (Expenses grouped together and labeled misceilaneous may not exceed		Ì	ŀ	i
	5% of total expenses shown on line 25 below	. ,			ŀ
_	FUNDRAISING ACTIVITIES	108,566			108,566
a b	THEFT LOSS	97,673		97,673	100,300
C	GRANT EXPENSES	65,615	65,615	51,013	
d	OTHER	26,339	21,716	4,074	549
u e	NEWSLETTERS	13,161	13,161	=,0/3	<u> </u>
_	All other expenses	6,114	4,260	1,734	120
	Total functional expenses. Add lines 1 through 2		796,561	246,304	192,997
	Joint Costs. Check here If following	2,233,002	, , , , , , , ,	210,304	
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint cos	s			
	from a combined educational campaign and fundraising solicitation				
DAA					Form 990 (2008)

<u> P</u>	art)	Balance Sheet													
					(A)		(B)								
					Beginning of year		End of								
	1	Cash—non-interest bearing			217,928	1	23	32,9	<u> 362</u>						
	2	Savings and temporary cash investments				2									
	3	Pledges and grants receivable, net				_3									
	4	Accounts receivable, net			17,742	4	3	33,0	<u>)27</u>						
	5	Receivables from current and former officers, directors	s, trustees, key												
		employees, or other related parties. Complete Part II of	of Schedule L			5									
	6	Receivables from other disqualified persons (as define		l											
		4958(f)(1)) and persons described in section 4958(c)(
		Part II of Schedule L	o)(b) complete			6			3						
w	7	Notes and loans receivable, net		ŀ	· · · · · · · · · · · · · · · · · · ·	7	 								
ë	_	,		ŀ		8	 								
Assets	8	Inventories for sale or use		ł	8,706		 	0 4	627						
⋖	9	Prepaid expenses and deferred charges	1[001	0,700	9	 	<i>3</i> , t	1 20						
		Land, buildings, and equipment cost basis	10a 3	36,921		. C.	<u> </u>	,	- 1						
	b	Less accumulated depreciation Complete													
		Part VI of Schedule D	10b]	7,182	25,684		ļ <u>J</u>	9,	<u> 139</u>						
	11	Investments—publicly traded securities				_11									
	12	Investments—other securities See Part IV, line 11		12											
	13	Investments—program-related See Part IV, line 11		13											
	14	Intangible assets				14									
	15	Other assets See Part IV, line 11	6,206	15		6,2	206								
	16	Total assets. Add lines 1 through 15 (must equal line	34)		276,266	16	30)1,5	561						
	17	Accounts payable and accrued expenses			12,904		ϵ	2,	729						
	18	Grants payable			.:	18									
	19	Deferred revenue													
S	20	Tax-exempt bond liabilities			0,000	20		_=_/_`	660						
	21	Escrow account liability Complete Part IV of Schedule	a D			21	 								
∄	22	Payables to current and former officers, directors, trus				21									
Liabilities	~~	-			s	~	٠								
<u>.e</u>		employees, highest compensated employees, and dis				4									
_		persons Complete Part II of Schedule L			22	 									
	23	Secured mortgages and notes payable to unrelated the			23	 									
	24	Unsecured notes and loans payable			24	<u> </u>									
	25	Other liabilities Complete Part X of Schedule D			10 100	25	ļ								
<u> </u>	26	Total liabilities. Add lines 17 through 25			18,489	26	c	<u>54 , :</u>	<u> 389</u>						
Balance		Organizations that follow SFAS 117, check he													
핆		complete lines 27 through 29, and lines 33 and 34.				4			لر ل						
ä	27	Unrestricted net assets			168,679			19,:							
_	28	Temporarily restricted net assets			89,098	28	<u> </u>	37,	<u> </u>						
Fund	29	Permanently restricted net assets				29	<u> </u>								
ĭ		Organizations that do not follow SFAS 117, check	heMe 🗍						i						
Ö		and complete lines 30 through 34.			·		-								
S	30	Capital stock or trust principal, or current funds				30									
Se	31	Paid-in or capital surplus, or land, building, or equipm	ent fund			31	T								
Assets	32	Retained earnings, endowment, accumulated income				32									
7	33	Total net assets or fund balances	,		257,777	33	23	37,:	172						
Net	34	Total liabilities and net assets/fund balances			276,266)1,							
_	art)		<u> </u>		2/0/200										
<u> </u>								Yes	No						
1	Ac	counting method used to prepare the Form 990 🗍 C	Cash X Accrual	По	ther										
		ere the organization's financial statements compiled or		ليا			2a		X						
		ere the organization's financial statements audited by a			ountaint.		2b	Х							
		Yes" to lines 2a or 2b, does the organization have a co			nility for oversight of		25								
,							2-	x							
_		e audit, review, or compilation of its financial statement					2c								
3		a result of a federal award, was the organization requi	rea to unaergo an at	ion or audits	as set form in		_								
		Single Audit Act and OMB Circular A-133?					3a								
	o It"	Yes," did the organization undergo the required audit o	r audits?	•			3b								

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ASPERGER'S ASSOCIATION OF NEW ENGLAND, INC.

Inspection
Employer identification number
04-3376227

Pa	irt l	Reas	on for Public Charity	/ Status (All organization	ns mu	st comp	olete ti	าเร pa	rt.) (s	ee ins	structio	ons)		
he ·	orga	inization is no	t a private foundation beca	use it is (Please check only o	ne organ	ızatıon)								
1		A church, co	nvention of churches, or as	sociation of churches describe	ed in sec	tion 170((b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Ш	A hospital or	a cooperative hospital sen	vice organization described in	section	170(b)(1)	(A)(iii).	(Attach	Sched	ule H)				
4		A medical re	search organization operat	ed in conjunction with a hospit	al descri	oed in se	ction 1	70(b)(1)	(A)(iii).	Enter	the hos	oital's n	ame,	
		city, and stat	e											
5		An organizat	on operated for the benefi	t of a college or university own	ed or ope	erated by	a gove	rnmenta	al unit d	escribe	ed in			
		section 170	(b)(1)(A)(iv). (Complete Pa	rt II)										
6	П	A federal, sta	ate, or local government or	governmental unit described ii	n section	170(b)(1)(A)(v)							
7	\mathbf{X}			a substantial part of its support					n the ge	eneral p	oublic			
			section 170(b)(1)(A)(vi). (_				_	·				
8	П	A community	trust described in section	170(b)(1)(A)(vi). (Complete P	art II)									
9		An organizat	ion that normally receives	(1) more than 33 1/3 % of its s	support fr	om contr	butions	, memb	ership	fees, ai	nd gross	3		
		receipts from	activities related to its exe	empt functions—subject to cert	aın excej	otions, ar	nd (2) no	more t	han 33	1/3 %	of its			
				and unrelated business taxable										
		acquired by t	the organization after June	30, 1975 See section 509(a)	(2). (Con	plete Pa	rt III)							
10		An organizat	ion organized and operated	d exclusively to test for public s	safety Se	ee sectio	n 509(a)(4). (se	e instri	uctions))			
11		An organizat	ion organized and operated	d exclusively for the benefit of,	to perfor	m the fur	nctions o	of, or to	carry o	ut the				
		purposes of	one or more publicly suppo	rted organizations described ii	n section	509(a)(1) or sec	tion 509	(a)(2)	See se	ection			
		509(a)(3). Ch	neck the box that describes	the type of supporting organiz		•	te lines	11e thr	ough 11	1h				
	_	а 📙 Туре	l b Type II	c Type III-Function	ally Integ	ırated	d	Тур	e III–O	ther				
е	\sqcup	By checking	this box, I certify that the or	rganization is not controlled dir	ectly or i	ndırectiy	by one	or more	dısqua	lified				
		persons other	er than foundation manager	s and other than one or more	publicly s	upported	i organiz	zations	describ	ed in s	ection			
		509(a)(1) or	section 509(a)(2)											
f		If the organiz	ration received a written de	termination from the IRS that i	tıs a Typ	e I, Type	II, or T	ype III s	upporti	ng				_
		organization,	, check this box											\sqcup
g		Since Augus	it 17, 2006, has the organiz	ation accepted any gift or cont	tribution f	rom any	of the							
		following pe	rsons?									_		
		(i) A persor	n who directly or indirectly	controls, either alone or togeth	er with p	ersons de	escribed	ın (II)					Yes	No
				of the supported organization?	7							11g(ı)		
		• •	member of a person descr	• •								11g(ii)		
			•	described in (i) or (ii) above?								11g(i:i)		
h		Provide the	following information about	the organizations the organizations	ation sup	ports	 							
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	•	(vi)		(v	ii) Amoı		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?	the organ		organizat (i) organi	ion in col zed in the		suppo	ort	
				(see instructions))	goroming	Goodmont		ort?		S ?				
					Yes	No	Yes	No	Yes	No				
					<u> </u>		<u> </u>							
							ļ							
							ļ							
]									
					ļ		ļ							
]					
			<u> </u>		-		 							
			I		1	l	1		1	1	I			

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

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04-3376227 Schedule A (Form 990 or 990-EZ) 2008 ASPERGER'S ASSOCIATION OF NEW Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (d) 2007 (e) 2008 (b) 2005 (c) 2006 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 6 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (f) Total (c) 2006(d) 2007 (e) 2008 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g %_ 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 18 % 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

PART II, LINE 10 - OTHER INCOME DETAIL

SEMINARS 18,180

SPECIAL EVENTS \$ 1,484,203

MISCELLANEOUS \$ 158,210

SCHEDULE C (Form 990 or 990-EZ

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Fo be completed by organizations described below.

►Attach to Form 990 or Form 990-EZ.

Open to Publication

2008
Open to Public

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

	ne of organization ASPERGER'S ASSOCIATED ENGLAND, INC.			04-33762	fication number
Pa	rt I-A To be completed by all organizati		on 501(c) an	d section 527 or	ganizations.
	See the instructions for Schedule (
1	Provide a description of the organization's direct and	indirect political campaign acti	vities in Part IV		
2	Political expenditures			▶\$_	
3	Volunteer hours			_	
Pa	See the instructions for Schedule (ion 501(c)(3).		
1	Enter the amount of any excise tax incurred by the o	rganization under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organ	nization managers under sectio	n 4955	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it	file Form 4720 for this year?		-	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	art I-C To be completed by all organizati See the instructions for Schedule (ion 501(c), ex	ccept section 501	l(c)(3).
1	Enter the amount directly expended by the filing organ		function		
	activities	·		▶ \$	
2	Enter the amount of the filing organization's funds con	tributed to other organizations f	or section	-	
	527 exempt function activities	•		▶ \$	
3	Total of direct and indirect exempt function expenditure	es Add lines 1 and 2 and enter	here and	-	
	on Form 1120-POL, line 17b			▶ s	-
4	Did the filing organization file Form 1120-POL for this	vear?		· · · · · · · · · · · · · · · · · · ·	Yes No
5	State the names, addresses and employer identification		27 political organ		
	were made Enter the amount paid and indicate if the		•		
	contributions received and promptly and directly delive		-	•	d fund
	or a political action committee (PAC) If additional space				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
					
	· · · · · · · · · · · · · · · · · · ·				
		, -			

Schedule C (Fòrm 990 or 990-EZ) 2008 AS	PERGER'S A	SSOCIATION	OF NEW	04-3376	227 Page 2
Part II-A To be completed by o	organizations ex	empt under sec	tion 501(c)(3	that filed Form	
(election under section				C for details.	
A Check ▶ 🔲 if the filing organiz					
B Check ▶ 🔲 if the filing organiz			d control" prov	isions apply.	
Limits on Lo (The term "expenditures"	bbying Expendi means amounts	tures paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (gras	s roots lobbying)			
b Total lobbying expenditures to influence	e a legislative body (d	lirect lobbying)			
c Total lobbying expenditures (add lines	la and 1b)				
d Other exempt purpose expenditures					·
e Total exempt purpose expenditures (ad	d lines 1c and 1d)			·	
f Lobbying nontaxable amount Enter the columns	amount from the foll	owing table in both			
If the amount on line 1e, column (a) or (b) is:	The lobbying nont	axable amount is:		,	
Not over \$500,000	20% of the amount of	on line 1e	<u> </u>		**
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500,	000	y	٠ .
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1,00	00,000	v r	-
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% o	the excess over \$1,500	0,000	* *	}
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a Enter -0-	f line g is more than	line a	<u></u>		
i Subtract line 1f from line 1c. Enter -0- if	line f is more than lir	ne c	<u></u>	·	
j If there is an amount other than zero or	either line 1h or line	1i, did the organizati	on file Form 4720	reporting	
section 4911 tax for this year?					Yes No
	4-Year Averagin				
(Some organizations tha					
columns below.					s.)
Lobb	ying Expenditu	res During 4-Ye	ar Averaging	Period	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Sche	edule C (Fòrm 990 or 990-EZ) 2008 ASPERGER'S ASSOCIATION OF NEW 0	4-3	376	227		Р	age 3
	art II-B To be completed by organizations exempt under section 501(c)(3) that ha				rm		-30
	5768 (election under section 501(h)). See the instructions for Schedule C						
			a)		(b)	<u> </u>	
		Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or			ı			,
	referendum, through the use of	٠		, s		د	
а	Volunteers?	X			,		'a z
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		İ			
С			X				
d	Mailings to members, legislators, or the public?	X					465
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				7	233
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X				
i	Other activities? If "Yes," describe in Part IV		X				
j	Total lines 1c through 1i						698
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	, ,					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
P	art III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	501(c)(5), d	٥r		
	section 501(c)(6). See the instructions for Schedule C for details.						
				_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			L	2		
	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3		<u> </u>
P	art III-B To be completed by all organizations exempt under section 501(c)(4), sec						
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No"	OR	if Pa	rt III-A,	,		
	question 3 is answered "Yes." See Schedule C instructions for details.						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						

Part IV Supplemental Information

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Mattach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization ASPERGER'S ASSOCIATION OF NEW 04-3376227 ENGLAND, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ _ Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the y Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 ASPERGER '				04-33				Page 2
Pa	rt-III Organizations Maintaining	Collections of Ar	t, Historical Tr	easur	es, or Oth	ner Simila	ır Ass	ets (co	ntinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of t	he following that a	re a sign	ificant use o	of its collection	on		
а	Public exhibition	d \square Loan o	or exchange progra	ams					
b	Scholarly research	e Other	ccagc p.cg.c						
c	Preservation for future generations						_		
_	-	alloctions and avalous bea	tha for than tha			-1	_		
	Provide a description of the organization's c Part XIV	·	-			pt purpose ii	ı		
	During the year, did the organization solicit of assets to be sold to raise funds rather than the solicity of	o be maintained as part	of the organization	's collec	tion?			Yes	□ No
Ра	rt IV Trust, Escrow and Custoo Part IV, line 9, or reported					wered "Ye	es" to	Form 9	190,
1a	Is the organization an agent, trustee, custod	ian or other intermediary	for contributions o	r other a	assets not				
	included on Form 990, Part X?	•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the follow	ring table				_		
		·	•					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			,
	Distributions during the year					1e		-	
f	Ending balance					1f			
	Did the organization include an amount on F	orm 990, Part X, line 21	?					Yes	No
b	If "Yes," explain the arrangement in Part XIV	1							_
Pa	rt V Endowment Funds. Comp	lete if organization	answered "Ye	s" to F	orm 990,	Part IV, I	ine 10	0.	
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three yea	rs back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions					,			
C	Investment earnings or losses		3				\ \ \		1
d	Grants or scholarships		* ** /*				~]		
е	Other expenditures for facilities			Ì	2		* ,		1
	and programs		*		,		*	*	
f	Administrative expenses								
g	End of year balance		*	<u> </u>	,			*	
2	Provide the estimated percentage of the year	r end balance held as							
а	Board designated or quasi-endowment▶	%							
	Permanent endowment ▶ %								
C	Term endowment ► %								
3a	Are there endowment funds not in the posse	ession of the organization	that are held and	adminis	tered for the	:		_	
	organization by							`	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organization	is listed as required on S	chedule R?					3b	
4	Describe in Part XIV the intended uses of the								
<u> Pa</u>	rt VI Investments—Land, Build				Part X, line	e 10.			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other		(c) Dep	reciation		(d) Book v	ralue
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		36	,921		17,182	2	1	9,739
	Other								
Tota	l. Add lines 1a-1e (Column (d) should equal	Form 990, Part X, colum	n (B), line 10(c))			•		1	9,739

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 ASPERGER'S ASSOCIATION	ON OF NEW	04-3376227	Page 3
Part VII Investments—Other Securities. See Form 9			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	те
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	L		-
Part VIII Investments—Program Related. See Form		·	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	ie –
			_
<u> </u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15).	Ţ	
(a) Description	···············	(b) Bo	ok value
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line	25		
(a) Description of liability	(b) Amount	<u> </u>	
Federal income taxes	(-,-		
Todardi inoonio taxoo			
- And a second s	<u> </u>		
	1		
	†	1	
	<u> </u>	1	
-	 	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	 	1	
In Part XIV, provide the text of the footnote to the organization's financial	statements that reports th	e organization's liability for	
uncertain tax positions under FIN 48		2.ga.madon o naomity (o)	

	dule D (Form 990) 2008 ASPERGER'S ASSOCIATION OF NE		04-337622		_	Page 4
Pa	rt.XI Reconciliation of Change in Net Assets from Form 990	to Finar	ncial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,258	,542
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,235	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	22	,680
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments		_	7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net) Add lines 4-8			9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	22	, 680
Pa	irt XII Reconciliation of Revenue per Audited Financial State	ments W	ith Revenue per	r Retu		
1	Total revenue, gains, and other support per audited financial statements			1	1,258	,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			37.		
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		التوشية المراس		
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3	1,258	,542
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		.		
b	Other (Describe in Part XIV)	4b	***	'ä'		
С	Add lines 4a and 4b		·	4c		
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	1,258	,542
Pa	art XIII Reconciliation of Expenses per Audited Financial State	ements V	With Expenses p	er R	eturn	
1	Total expenses and losses per audited financial statements			1	1,235	,862
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		3		
С	Losses reported on Form 990, Part IX, line 25	2c		313		
d	Other (Describe in Part XIV)	2d		` \ W		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3	1,235	,862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		L		
C	Add lines 4a and 4b			4c		
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,235	,862
Pa	rt XIV√ Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines 1a	and 4, Part IV, lines 1	lb		
and	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	s 2d and 4b				
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Schedule D (F	òrm 990) 200	8 A	SPI	ERG	ER	'S	P	SS	300	CI	AT	10	N	OF	' N	EV	7			04	-33	76	22	7				Pa	ge 5
Part:XIV	Supp	leme	<u>enta</u>	l Inf	orm	atio	on (con	tınu	ed)																				
						_																								
			_			_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_		- –	_	_	_	_	_	 	- –
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						_	_	_		_	_	_	_	_	_	_	_	_	_	_	_			_		_		_	 	- –
						_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		-	_	_	_	_	_	 	
						_	_			_	_	_	_	_	_	_	_	_		_	_		_	_	_	_		_	 	
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							_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_			 	
						_	_	_	_	_			_		_	_	_	_	_	_	_		· –	_	_	_	_	_	 	
			_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		-	_	-	_	_	_	 	
					- -	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_			_	_		_	_	 	
						_	_	_	_	-	-	_	_	_	_	_	_	_	_	_	_		-	_	_	_	_	_	 	- –
						_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	 	
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047
2008
Open To Public

Inspection Name of the organization ASPERGER'S ASSOCIATION OF NEW Employer identification number 04-3376227 ENGLAND, INC. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year ▶ \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to (c) Onginal (d) Balance due (e) In default (f) Approved (g) Written or from the principal amount by board or agreement? organization committee? Yes No No Yes No To From Yes Total Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of organization assistance Part IV **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Shanng (a) Name of interested person (c) Amount of (b) Relationship between (d) Description of transaction of org interested person and the transaction organization Yes No ELSA ABELE DIRECTOR TEACHING SERVICES 25,482 X NANCY SCHWARTZ DIRECTOR 1,100 TEACHING SERVICES X

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

OMB No 1545-0047

ASPERGER'S ASSOCIATION OF NEW ENGLAND, INC.	04_	!	3376227
AMENDED RETURN: FORM 990, TAX YEAR BEGINNING 07/01/08, AND ENDING 06/30/09			
FORM 990, PART VII, SECTION A, LINE 1a - OFFICERS, DIRECTORS, TRUSTEES, KEY E	MPLOY	EES, A	ND HIGHEST
COMPENSATED EMPLOYEES: Table revised to include 20 Directors and Officers, as rep	orted i	n Form	990,
Part VI, Section A, Line 1(a) and 1(b).			
FORM 990, PART VII, SECTION A, LINE 1b - OFFICERS, DIRECTORS, TRUSTEES, KEY EI			
COMPENSATED EMPLOYEES: Total Compensation revised for Directors and Officers in	clude	in Par	t VII, Section A,
Line 1(a)		•••••	
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization ASPERGER'S ASSOCIATION OF NEW ENGLAND, INC.

Employer identification number 04-3376227

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
OTHER PROGRAM SERVICES INCLUDE DIRECT GRANTS TO CLIENTS
AND/OR FAMILIES, PROVIDING INFORMATION AND MATERIALS, AND
MEMBER BENEFITS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

BARBARA ROSENN

DANIEL ROSENN

PSY.D.

M.D.

MARRIED

FORM 990, PART VI, LINE 5 - MATERIAL DIVERSION OF ASSETS
IN 2010, IT WAS DETERMINED THAT A THEFT OF CASH HAD OCCURRED. THE TOTAL
AMOUNT OF THE THEFT WAS APPROXIMATELY \$98,000 IN 2009 AND IS INCLUDED AS
"LOSS" IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES. THE AMOUNT STOLEN WAS
APPROXIMATELY \$32,000 FOR FISCAL YEAR 2008. SUBSEQUENT TO JUNE 30, 2009,
AN ADDITIONAL LOSS FROM THEFT OF APPROXIMATELY \$46,000 WAS INCURRED.
THEREFORE, THE TOTAL LOSS FROM THEFT FOR THE THREE FISCAL YEARS AFFECTED
WAS APPROXIMATELY \$176,000.

SINCE DISCOVERING THE PROBLEM, AANE HAS DEVELOPED AND BEGUN TO INSTITUTE A STRONGER SYSTEM OF CONTROLS DESIGNED TO PREVENT THEFT. FURTHER, AANE WILL PURSUE RECOVERY OF THE LOST FUNDS. THE AMOUNT RECOVERABLE CANNOT BE DETERMINED AT THIS TIME.

FORM 990, PART VI, LINE 9B - POLICIES AND PROCEDURES GOVERNING CHAPTERS THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES GOVERNING THE

ACTIVITIES OF ITS CHAPTERS TO ENSURE THEIR OPERATIONS ARE CONSISTENT WITH THOSE OF THE ORGANIZATION.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990 IS PREPARED EACH YEAR BY THE CPA FIRM THAT PERFORMS THE ANNUAL AUDIT. MANAGEMENT AND STAFF ARE DIRECTLY INVOLVED IN COMPLETING THE DETAILED INFORMATION. AANE'S TREASURER AND FINANCE COMMITTEE THEN REVIEW AND APPROVE THE FORM 990 PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE. THE BOARD OF DIRECTORS HAS GIVEN AUTHORITY TO THE FINANCE COMMITTEE TO REVIEW AND APPROVE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AT THE BEGINNING OF EACH FISCAL YEAR, BOTH EMPLOYEES, CONSULTANTS, ADVISORY

BOARD MEMBERS, AND BOARD MEMBERS REVIEW THE AANE DISCLOSURE POLICY AND SIGN

THE AANE CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS DETERMINED BY THE

BOARD BASED ON COMPARISON REVIEW OF LOCAL AREA NONPROFIT CEO'S.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION FOR THE ORGANIZATION'S KEY EMPLOYEES INCLUDES REVIEW BY CEO

WITHIN BUDGET APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, PART IV, LINE 29 - NON-CASH CONTRIBUTIONS - DONATED AUCTION ITEMS AANE HELD A FUNDRAISING GALA ON MAY 9, 2009 THAT INCLUDED BOTH A LIVE AND A

Employer identification number

04-3376227

SILENT AUCTION. DONATED ITEMS SUCH AS TICKETS, GIFT CERTIFICATES, SPORTS MEMORABILIA, PERSONAL ART, CLOTHING AND JEWELRY HAVING A TOTAL DONATED VALUE OF \$78,252 WERE SOLD. THE ASSOCIATED AUCTION CASH RECEIPTS TOTALING \$260,725 ARE INCLUDED IN REVENUES ON PAGE 9, PART VIII, LINE 11A.

RESTATEMENT OF NET ASSETS - AANE RESTATED CERTAIN FISCAL YEAR 2008 ACCRUED PAYROLL AND RELATED COSTS IN THE AMOUNT OF \$35,989. IN ADDITION, FISCAL YEAR 2008 ACCOUNTS RECEIVABLE WERE REDUCED BY \$7,297 TO REFLECT BAD DEBT EXPENSE. THE NET EFFECT OF THESE RESTATEMENTS WAS TO REDUCE UNRESTRICTED NET ASSETS BY \$43,286.

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Federal Statements

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code
INTEREST INCOME	\$ 670		14	
TOTAL	\$ 670			

04-3376227	Federal Star	Statements		
	Form 990, Part IX, Line 24f - All Other Expenses	- All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT RENTL DUES AND SUBSCRIPTIONS TELEPHONE TOTAL	\$ 4,090 1,100 924 \$ 6,114	\$ 3,067 500 693 \$ 4,260	\$ 1,023 600 111 \$ 1,734	\$ 120 \$ 120

04-3376227

TOTAL

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Excess

244,089 244,089

Donor Name	Total	
	<u> </u>	316,745
	\$	316,745